



VAN BUREN COUNTY ROAD COMMISSION  
 325 W. JAMES STREET, P.O. BOX 156  
 LAWRENCE, MICHIGAN 49064  
 Telephone: (269) 674-8011 Fax: (269) 674-3770

**APPLICATION AND PERMIT FOR WORKING IN THE ROAD RIGHT-OF-WAY**

(to construct, operate, maintain use and/or  
 remove within a county road right-of-way)

APPLICANT

CONTRACTOR

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Telephone/Fax: \_\_\_\_\_

Telephone/Fax: \_\_\_\_\_

(Applicant's Signature) \_\_\_\_\_

FEE: \_\_\_\_\_ \$50.00

Title \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

ATTACHMENTS *IF REQUIRED	
*Plans & Specs.	_____
*Bond	_____
Proof of Insurance (See "Additional Insured")	
YES _____	NO _____
P.I. \$ - _____	P.D. \$ - _____
OTHER: _____	

**IMPORTANT:** Your insurance policy **MUST** carry the following statement as an "Additional Insured":

"The Board of County Commissioners, The Board of County Road Commissioners, The Van Buren County Road Commission, and their officers and employees for claims arising out of, under or by reason of operations covered by the permit issued to the permittee, as their interests may appear."

APPLICATION

Applicant and/or Contractor request a Permit for the purpose indicated in the attached plans and specifications at the following location (**Provide a sketch of location**):

TOWNSHIP: \_\_\_\_\_ SECTION: \_\_\_\_\_ ROAD NAME: \_\_\_\_\_

between \_\_\_\_\_ and \_\_\_\_\_ For a period beginning \_\_\_\_\_ And ending \_\_\_\_\_

And agrees to the terms of the permit shown of the reverse side of this form. The **exact** location is as follows: \_\_\_\_\_

Describe what you plan to do: \_\_\_\_\_

PERMIT

A permit is granted in accordance with the foregoing application for the period stated above, subject to the following terms agreed to by the Applicant. When the Applicant hires a Contractor, both the Applicant and Contractor assume responsibility.

Permit Issued by: \_\_\_\_\_

OFFICE USE ONLY

Date Permit Mailed: \_\_\_\_\_

Date Permit Faxed: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_